

Environmental Interests

Processing / Treatment Operations

P

1. Liquid Solidification Facility
2. Composting (CO)
 - *Class 1, 2, 3, 4 and 5*
3. Material Recovery Facility (MRF)
4. Biomedical Processing (BIO)
5. Other – Processor/Disposal
 - *Baler*
 - *Shredder*
 - *Petroleum Contaminated Soil Processing*
 - *Anaerobic Digester*
 - *Other*

Disposal Operations

D

6. Municipal Solid Waste Landfill (MSWL)
7. Construction & Demolition landfill (C&D)
8. Inert Landfill (IN)
 - *PBR (Historical only; no new permits)*
9. Commercial Industrial Landfill
10. Private Industrial Landfill (LI)
11. Thermal Treatment (TT)
 - *Air Curtain Destructor*
12. CCR – Surface impoundment
13. CCR – Landfill

Permit-by-Rule Operations

PBR

14. Collection (COL)
 - *MSW/C&D/Industrial*
 - *Biomedical*
15. Transfer Station (TS)
 - *MSW/C&D/Industrial*
 - *Biomedical*
16. Yard Trimmings Landfills (YTL)
17. Other – PBR (OSP) or (OSTT)
 - *On-site Processing/Thermal Treatment*
 - *Other*

Solid Waste Handling Permit Application

I. APPLICANT INFORMATION

Owner's Name or Registered Corporation Name:

Mailing Address:

Phone:

City:

State:

ZIP Code:

Email Address:

Responsible Official Name:

Title:

Mailing Address:

Phone:

City:

State:

ZIP Code:

Email Address:

II. FACILITY INFORMATION

Facility Name:

Physical Address:

Phone:

City:

County:

State:

ZIP Code:

Latitude (in decimal degrees): _____°

Longitude (in decimal degrees): _____°

Property for Processing/Disposal is: ☐ Owned ☐ Leased (please complete owner details below)

Property Owner (if leased):

Address:

Phone:

City:

State:

ZIP Code:

III. OWNERSHIP TYPE:

☐ Public

☐ Private Commercial

☐ Private Industrial

IV. TYPE OF APPLICATION

(If you are applying for a new permit or a major modification to an existing permit, this application must be accompanied by a written zoning confirmation, local solid waste management plan consistency letter, and a site assessment report prepared in accordance with Chapter 391-3-4-.05 of the Rules for Solid Waste Management)

☐ New Permit

☐ Major Modification to Existing Permit

☐ Transfer of Permit

☐ Closure (please complete Section VII)

V. OPERATION TYPE: Check boxes for all applicable operation(s)

A. PROCESSING OPERATIONS

3 ☐ Materials Recovery Facility

2 ☐ Composting

1 ☐ Liquid Solidification

4 ☐ Biomedical Processing Facility

5 ☐ Baling

5 ☐ Shredding

5 ☐ Other (please list) _____

B. DISPOSAL OPERATIONS

6 ☐ Municipal Solid Waste Landfill

7 ☐ Construction & Demolition Landfill

11 ☐ Solid Waste Thermal Treatment Facility

8 ☐ Inert Waste Landfill

9 ☐ Commercial Industrial Solid Waste Disposal Facility **10** ☐ Private Industrial Solid Waste Disposal Facility

VI. DESCRIPTION OF OPERATION: Briefly describe the general nature of the proposed operation

VII. CLOSURE DETAILS: Complete this section only if "Closure" was checked in Section IV

a) Date final load of waste received: _____

b) Attach deed notice in accordance with Chapter 391-3-4-.11 of the Rules for Solid Waste Management

VIII. AREAS SERVED: If the facility is a regional landfill or a landfill serving multiple counties, list the municipalities and/or counties to be served

IX. OTHER PERMITS: List any other *environmental* permits being applied for in relation to this operation

X. OWNERS: List all owners of the facility (defined as holding a 5% or greater share). All owners listed below must complete the Supplemental Form in accordance with O.C.G.A. 12-8-23.1(a)(3)(B)

XI. ATTACHED DOCUMENTS: List all documents that are included with this application

XII. SIGNATURE

Responsible Official's Signature:

Date:

Send completed application and supporting documents to:
Environmental Protection Division, Solid Waste Management Program
4244 International Parkway, Suite 104
Atlanta, GA 30354-3902

Send completed application to:

Environmental Protection Division, Solid Waste Management Program
4244 International Parkway, Suite 104
Atlanta, GA 30354-3902

County: _____

Facility Name: _____

CCR Unit - Application for Solid Waste Handling Permit

(Please type or print)

I. APPLICANT INFORMATION

Owner's Name or Registered Corporation Name: _____

Facility Address: _____

Phone: _____

City: _____

State: _____

ZIP Code: _____

Authorized Official: _____

Title: _____

Mailing Address: _____

Phone: _____

City: _____

State: _____

ZIP Code: _____

Email Address: _____

Facility CCR Website(s): _____

II. PROPERTY DETAILS: Complete below **and attach** a street or highway map indicating the site/facility location. Application must be accompanied by written zoning confirmation.

County: _____

City: _____

Co-ordinates (in decimal degrees, near facility center): _____

Property for Processing/Disposal is: ☐ Owned ☐ Leased (please complete owner details below)

Property Owner (if leased): _____

Address: _____

Phone: _____

City: _____

State: _____

Zip: _____

III. APPLICATION TYPE:☐ New Permit☐ Major Modification to Existing Permit☐ Transfer of Permit☐ Other**IV. CCR UNITS:** List all CCR units covered under this application

Default to EI #12 CCR - Surface Impoundment
Need to override if EI#13 CCR - Landfill

Logic not possible; no checkboxes: it was too
confusing to GP

Send completed form to:

Environmental Protection Division, Solid Waste Management Program
4244 International Parkway, Suite 104
Atlanta, GA 30354-3902

EPD Use Only

County: _____

PBR#: _____

Notification of Permit-by-Rule Operation**I. APPLICANT INFORMATION**

Facility Name: Click here to enter text.

☐ Transfer of Ownership

Facility Address/Location: Click here to enter text.

City: Click here to enter text.

County: Click here to enter text.

State: Click here to enter text.

ZIP Code: Click here to enter text.

Owner/Operator: Click here to enter text.

Email: Click here to enter text.

☐ New/Updated Contact Information

Address: Click here to enter text.

Phone: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

ZIP Code: Click here to enter text.

Authorized Representative: Click here to enter text.

☐ New/Updated Contact Information

Email: Click here to enter text.

Title: Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

ZIP Code: Click here to enter text.

II. OPERATION TYPE: Only check boxes for the operation(s) for which you will be responsible.

14 ☐ Collection **15** ☐ Transfer Station **17** ☐ On-site Processing or Thermal Treatment **2** ☐ Class 2 Composting Facility
16 ☐ Yard Trimmings Landfill **17** ☐ Other: Click here to enter text.

Facility is: ☐ Private use only ☐ Public (open to the general public)**III. SOLID WASTE HANDLED: Check all applicable types.**

☐ Municipal ☐ Construction & Demolition ☐ Industrial ☐ Compost Category A and B Feedstocks
☐ Inert ☐ Biomedical ☐ Yard Trimmings

IV. DESCRIPTION OF OPERATION: Briefly describe the general nature of the proposed operation and list specific solid waste to be disposed, processed or treated. For yard trimmings landfills **only**, please attach a site survey map that shows the disposal area to be no more than five acres and not located within 200 linear feet of any property line or enclosed structure.

Click here to enter text.

V. STATUS OF OPERATION

☐ Existing ☐ Proposed Projected start-up date: Click here to enter a date.

VI. AREAS SERVED: List the counties to be served.

Click here to enter text.

VII. LOCATION OF OPERATION: If this notification is for a transfer station, on-site processing, thermal treatment, wastewater treatment, class 2 composting facility, thermal treatment plant sludge disposal operation, or yard trimmings landfill, you must attach a street or highway map indicating the location of the site/facility.

Latitude: Click here to enter text.

Longitude: Click here to enter text.

PLEASE NOTE: Incomplete notifications will be returned. Operations must meet the conditions in paragraphs 2 and 3 of section .06 and paragraph (5)(b) of section .16 for class 2 composting facilities in the Rules for Solid Waste Management in order to operate under the permit-by-rule provision.

SIGNATURE: _____

DATE: Click here to enter a date.